

CHALENG 2010 Survey Results Summary

VISN: 18

Site: El Paso VA HCS, TX - 756

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 16

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 2

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	25
Transitional Housing Beds	20
Permanent Housing Beds	120

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	Yes
Transitional Housing Beds	Yes
Permanent Housing Beds	Yes

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 75.
Number of provider (VA and non-VA) participants: 45.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.56	3.16	3.74
Food	3.52	3.44	3.86
Clothing	3.52	3.29	3.62
Emergency (immediate) shelter	3.86	3.26	3.55
Transitional living facility or halfway house	3.39	3.14	3.45
Long-term, permanent housing	2.86	2.74	2.90
Detoxification from substances	3.77	2.91	3.69
Treatment for substance abuse	3.63	2.98	3.84
Services for emotional or psychiatric problems	4.06	3.02	3.71
Treatment for dual diagnosis	3.91	3.02	3.51
Family counseling	3.37	3.21	3.11
Medical services	3.97	3.56	4.04
Women's health care	3.29	3.10	3.17
Help with medication	3.98	3.36	3.87
Drop-in center or day program	3.37	2.74	3.15
AIDS/HIV testing/counseling	3.74	3.17	3.63
TB testing and Treatment	3.95	3.35	3.90
Legal assistance to help restore a driver's license	3.07	2.63	2.87
Hepatitis C testing	4.02	3.18	3.70
Dental care	2.75	2.69	2.91
Eye care	3.17	2.64	3.38
Glasses	3.04	2.69	3.35
VA disability/pension	3.08	3.10	3.14
Welfare payments	2.61	2.83	2.80
SSI/SSD process	2.81	2.95	2.95
Guardianship (financial)	2.77	2.59	2.84
Help managing money	3.40	2.68	3.13
Job training	2.64	2.81	2.96
Help with finding a job or getting employment	2.92	2.91	3.02
Help getting needed documents or identification	3.42	2.79	3.50
Help with transportation	3.12	2.84	3.31
Education	3.10	3.02	3.19
Child care	2.79	2.52	2.64
Family reconciliation assistance	2.77	2.83	2.73
Discharge upgrade	3.18	2.66	2.96
Spiritual	3.60	2.84	3.55
Re-entry services for incarcerated veterans	3.25	2.66	2.94
Elder health care	2.92	2.67	3.11
Credit counseling	2.98	2.78	2.85
Legal assistance for child support issues	3.18	2.77	2.70
Legal assistance for outstanding warrants/fines	3.19	2.55	2.75
Help developing social network	3.36	2.72	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.09	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.06	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.50	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.92	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.89	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.08	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.78	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.58	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.75	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.94	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.97	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.79	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.71	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.00	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Dental care	For FY 2010, our station received a total of \$51,000 through the Homeless Veteran Dental Program to provide care. We continue to utilize community clinics for dental care, and University Medical Center for extractions.
Glasses	We have a new eye clinic at the VA. Staff have been very responsive to the needs of our homeless Veterans. Homeless Veterans are given an eye exam and are also fitted for eye glasses at no cost to the Veteran.
Eye care	Our eye clinic at the VA offers free glasses. Also, the Lions Eye Bank and community clinics are utilized by some Veterans

***The Action Plan consisted of proposed strategies the local VA program and its community partners would use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Long-term, permanent housing	We have the only HUD Shelter Plus Care Program in the VISN. We contract with Integrity Management for 15 units that house chronically mentally ill Veterans. We completed our first year of operation in May 2010. This is a very difficult population to serve, and it involves very intensive case management as well as maintaining good rapport with the housing authority and, especially, with the management company. It was a very difficult first year, but we have had good success in maintaining our Veterans in housing.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Food	Homeless Veterans can receive three meals a day from two emergency shelters: the Opportunity Center for the Homeless and the Rescue Mission. Homeless Veterans can also access food through the Paso del Norte Food Bank, the Child Crisis Center, and various church food banks. Our Health Care for Homeless Veterans Program has a directory and we provide referrals and transportation. We will continue to expand and update our food resources network and our directory.
Dental care	Veterans residing at the Veterans Transitional Living Center can receive one -time dental care after successfully completing one year of residency. Homeless Veterans can also receive medical care from community clinics, such as La Fe Clinic and San Vicente Clinic. Community agencies such as Project Bravo and Project Vida provide limited assistance as well. University Medical Center (community hospital) provides extractions. We will continue to be proactive in seeking dental care providers that can serve our homeless Veterans.
Clothing	Fortunately, we have an abundance of resources for this need. Among the agencies that provide clothing are the Opportunity Center for the Homeless, the Annunciation House, the Rescue Mission, the Child Crisis Center, the Texas Workforce Commission (suited for job interviews), and our yearly Stand Down. Unfortunately, our local VA does not provide our program with a storage facility. For this reason, we have to refer homeless Veterans to the aforementioned agencies. We are working on a solution to our lack of storage problem. We hope to have this issue resolved this year.

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year’s CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 18

Site: VA New Mexico HCS - 501

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 12

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 9

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	130
Permanent Housing Beds	120

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 1.
Number of provider (VA and non-VA) participants: 41.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	1.00	2.71	3.74
Food	4.00	3.14	3.86
Clothing	2.00	3.06	3.62
Emergency (immediate) shelter	4.00	2.57	3.55
Transitional living facility or halfway house	4.00	2.29	3.45
Long-term, permanent housing	4.00	2.26	2.90
Detoxification from substances	4.00	2.74	3.69
Treatment for substance abuse	4.00	2.92	3.84
Services for emotional or psychiatric problems	4.00	2.87	3.71
Treatment for dual diagnosis	3.00	2.78	3.51
Family counseling	3.00	2.65	3.11
Medical services	5.00	3.29	4.04
Women's health care	3.00	2.65	3.17
Help with medication	4.00	2.81	3.87
Drop-in center or day program	3.00	2.42	3.15
AIDS/HIV testing/counseling	3.00	3.03	3.63
TB testing and Treatment	2.00	2.82	3.90
Legal assistance to help restore a driver's license	2.00	2.24	2.87
Hepatitis C testing	3.00	2.91	3.70
Dental care	3.00	2.51	2.91
Eye care	2.00	2.65	3.38
Glasses	2.00	2.68	3.35
VA disability/pension	5.00	3.03	3.14
Welfare payments	3.00	2.76	2.80
SSI/SSD process	3.00	2.72	2.95
Guardianship (financial)	3.00	2.36	2.84
Help managing money	4.00	2.24	3.13
Job training	3.00	2.49	2.96
Help with finding a job or getting employment	3.00	2.65	3.02
Help getting needed documents or identification	3.00	2.40	3.50
Help with transportation	3.00	2.26	3.31
Education	3.00	2.38	3.19
Child care	3.00	1.94	2.64
Family reconciliation assistance	3.00	1.88	2.73
Discharge upgrade	3.00	2.12	2.96
Spiritual	4.00	2.57	3.55
Re-entry services for incarcerated veterans	4.00	2.06	2.94
Elder health care	3.00	2.33	3.11
Credit counseling	1.00	2.09	2.85
Legal assistance for child support issues	3.00	1.87	2.70
Legal assistance for outstanding warrants/fines	3.00	1.94	2.75
Help developing social network	3.00	2.18	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.18	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.52	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.66	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.91	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.03	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.16	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.71	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.74	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.58	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.97	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.97	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.47	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.47	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.73	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	The number of HUD-VASH vouchers has increased to 180 in the last year. This has included expansion to Santa Fe (35 vouchers) and Gallup (25 vouchers). In each of these rural settings the vouchers are managed by the local public housing authority which increases the area that can be served.
Transitional living facility or halfway house	A new VA Grant and Per Diem program has been approved in the Albuquerque area. The YWCA was approved in FY 2010 for a ten-bed facility that will focus on women Veterans with children. Single women Veterans will be able to access services as well.
Help with transportation	Transportation remains a challenge. In rural parts of our catchment area. Additionally our VA has stopped providing local daily bus passes. This has had a significant impact on the ability of homeless Veterans living in Albuquerque to access services.

***The Action Plan consisted of proposed strategies the local VA program and its community partners would use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

SSI/SSD Process	We have had success collaboration with our local SOAR (SSI/SSDI, Outreach, Access, and Recovery). SOAR is a Social Security Administration program. Non-profit providers are trained by SSA in compiling all the information needed for Supplemental Security Income Benefits/Social Security Disability Insurance applications. There a local SSA office that accepts these applications which are then expedited. Here in Albuquerque. a local staff from a VA Grant and Per Diem provider has been trained in this process. It has proved to be a valuable asset to assist Veterans out of homelessness.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Transitional living facility or halfway house</p>	<p>The HCHV program has increased its outreach and educational efforts into the rural areas of New Mexico. This process has increased the awareness of VA programs that are available to community agencies. It has also had the effect of identifying gaps in local homeless continuums. In this next year there will be a focus on providing technical assistance trainings into these rural areas with the intent to have either GPD or HCHV Contract beds established.</p>
<p>Long-term, permanent housing</p>	<p>Expanding HUD-VASH will have two specific areas of growth. First will be increasing the number of vouchers available to the urban Albuquerque area. Currently there are 120 vouchers with full corresponding case management loads. Second will be increasing the areas in the State where vouchers are available. There are 4 identified areas where future growth of the HUD-VASH program would be beneficial; Sandoval County, Silver City, the Four Corners region, and Southeastern New Mexico. Additionally, Veteran preference and/or specified units for Veterans has become a grading item on the local HUD Continuum of Care New Program application. This will expand the number of available permanent housing units for homeless Veterans.</p>
<p>Services for emotional or psychiatric problems</p>	<p>This concern from the community was specific to returning OEF/OIF Veterans. What this seems to indicate is a lack of knowledge of services provided for by the VAMC. In this next year a focus will be on providing education to community providers related to services offered at the VAMC and the process of referring Veterans to care. This training will take place at community meetings and at individual service provider staff meetings. Trainings will be done by the HCHV staff, OEF/OIF programs and the Suicide Prevention team.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 18

Site: VA Northern Arizona HCS - 649

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 7

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 3

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	27
Transitional Housing Beds	168
Permanent Housing Beds	55

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	Yes
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants:
141. Number of provider (VA and non-VA) participants: 25.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.02	3.23	3.74
Food	4.02	3.50	3.86
Clothing	3.84	3.36	3.62
Emergency (immediate) shelter	3.89	2.64	3.55
Transitional living facility or halfway house	3.78	2.95	3.45
Long-term, permanent housing	2.91	2.50	2.90
Detoxification from substances	4.20	2.95	3.69
Treatment for substance abuse	4.25	3.23	3.84
Services for emotional or psychiatric problems	3.95	3.23	3.71
Treatment for dual diagnosis	3.70	3.14	3.51
Family counseling	3.36	2.62	3.11
Medical services	4.12	3.73	4.04
Women's health care	3.02	3.33	3.17
Help with medication	4.01	3.29	3.87
Drop-in center or day program	3.43	2.55	3.15
AIDS/HIV testing/counseling	3.71	3.19	3.63
TB testing and Treatment	4.11	3.52	3.90
Legal assistance to help restore a driver's license	3.36	2.52	2.87
Hepatitis C testing	3.86	3.48	3.70
Dental care	2.55	2.85	2.91
Eye care	3.18	3.00	3.38
Glasses	3.10	3.05	3.35
VA disability/pension	3.13	3.10	3.14
Welfare payments	2.48	3.10	2.80
SSI/SSD process	2.94	2.81	2.95
Guardianship (financial)	3.00	3.00	2.84
Help managing money	3.29	2.81	3.13
Job training	2.95	2.95	2.96
Help with finding a job or getting employment	3.00	2.91	3.02
Help getting needed documents or identification	3.68	2.81	3.50
Help with transportation	3.39	2.86	3.31
Education	3.58	2.86	3.19
Child care	3.05	2.38	2.64
Family reconciliation assistance	2.99	2.48	2.73
Discharge upgrade	3.15	2.71	2.96
Spiritual	3.80	3.05	3.55
Re-entry services for incarcerated veterans	3.06	2.67	2.94
Elder health care	3.24	2.71	3.11
Credit counseling	3.12	2.55	2.85
Legal assistance for child support issues	2.94	2.76	2.70
Legal assistance for outstanding warrants/fines	3.01	2.57	2.75
Help developing social network	3.56	2.65	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.57	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.38	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.83	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	3.06	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.44	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.33	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.78	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.89	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.00	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.11	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.56	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.78	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.06	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Emergency (immediate) shelter	Since the start of our HORV (Homeless Outreach for Rural Veterans) program over 95 Veterans have been helped with immediate shelter. There is need for two more case managers and vehicles to meet the current need. Economic conditions will likely even create more need.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

Long-term, permanent housing	Twenty-five (25) HUD-VASH vouchers have been awarded to the Flagstaff area. Housing can begin as soon as staff is hired, which should be by November 2010
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Transitional living facility or halfway house	Several agencies have applied for VA Grant and Per Diem grants and we are waiting to see in any of them will be awarded
Dental care	Dental Clinic has applied for more funding for the Homeless Veteran Dental Program. It needs to be extended to all homeless Veterans, not just those in Grant Per Diem or the Domiciliary. The need is twice as great as the money provided. Not all eligible Veterans were able to be served this year.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

CHALENG 2010 Survey Results Summary

VISN: 18

Site: VA Southern Arizona HCS - 678

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 30

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 10

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	21
Transitional Housing Beds	124
Permanent Housing Beds	147

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 161. Number of provider (VA and non-VA) participants: 44.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.09	3.92	3.74
Food	3.93	3.87	3.86
Clothing	3.66	3.87	3.62
Emergency (immediate) shelter	3.93	3.49	3.55
Transitional living facility or halfway house	4.01	3.69	3.45
Long-term, permanent housing	3.06	3.31	2.90
Detoxification from substances	4.01	3.74	3.69
Treatment for substance abuse	4.13	3.95	3.84
Services for emotional or psychiatric problems	3.96	3.95	3.71
Treatment for dual diagnosis	3.86	3.82	3.51
Family counseling	3.27	3.15	3.11
Medical services	4.22	4.28	4.04
Women's health care	3.07	3.63	3.17
Help with medication	4.17	3.95	3.87
Drop-in center or day program	3.51	3.18	3.15
AIDS/HIV testing/counseling	3.74	3.78	3.63
TB testing and Treatment	4.07	4.06	3.90
Legal assistance to help restore a driver's license	3.23	3.16	2.87
Hepatitis C testing	3.94	3.89	3.70
Dental care	2.78	3.10	2.91
Eye care	3.44	3.53	3.38
Glasses	3.44	3.58	3.35
VA disability/pension	2.68	3.47	3.14
Welfare payments	2.65	2.92	2.80
SSI/SSD process	2.73	3.13	2.95
Guardianship (financial)	2.83	2.97	2.84
Help managing money	3.03	2.84	3.13
Job training	2.78	3.03	2.96
Help with finding a job or getting employment	2.77	3.11	3.02
Help getting needed documents or identification	3.64	3.29	3.50
Help with transportation	3.59	3.23	3.31
Education	3.00	3.13	3.19
Child care	2.89	2.45	2.64
Family reconciliation assistance	2.87	2.50	2.73
Discharge upgrade	3.15	2.71	2.96
Spiritual	3.52	3.14	3.55
Re-entry services for incarcerated veterans	3.10	2.79	2.94
Elder health care	3.18	3.03	3.11
Credit counseling	2.76	2.61	2.85
Legal assistance for child support issues	2.79	2.16	2.70
Legal assistance for outstanding warrants/fines	3.11	2.95	2.75
Help developing social network	3.22	2.87	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.81	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.72	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.03	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.89	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.18	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.67	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.93	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.29	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.07	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.61	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.33	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.08	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.89	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.23	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Transitional living facility or halfway house	Grant and Per Diem provided 15 beds.
Long-term, permanent housing	HUD-VASH obtained additional vouchers and deployed vouchers to Sierra Vista, Arizona.
Services for emotional or psychiatric problems	We developed a contract for severely mentally ill homeless Veterans and provided services to five Veterans.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

Legal assistance for outstanding warrants/fines	We established a Veterans Court.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Dental care	Track Veterans currently in VA Grant and Per Diem and Health Care for Homeless Veterans contracted housing. Consult them to dental when they qualify for the Homeless Veteran Dental Program after a minimum 60 days in VA residential programs. Will also refer Veterans to Community HOPE Fest Project for free dental services.
Long-term, permanent housing	HUD-VASH will provide an additional 100 housing vouchers for homeless Veterans.
Help with finding a job or getting employment	Continue working with Sullivan-Jackson Employment Agency, VA Compensated Work Therapy, and Primavera's Vocation for Veterans.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

CHALENG 2010 Survey Results Summary

VISN: 18

Site: VAMC Amarillo, TX - 504

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 7

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 20

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	10
Permanent Housing Beds	35

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	Yes
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 35.
Number of provider (VA and non-VA) participants: 26.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.09	3.32	3.74
Food	4.23	3.91	3.86
Clothing	3.94	3.86	3.62
Emergency (immediate) shelter	4.14	3.48	3.55
Transitional living facility or halfway house	4.09	3.45	3.45
Long-term, permanent housing	3.66	3.45	2.90
Detoxification from substances	3.85	2.73	3.69
Treatment for substance abuse	3.94	3.00	3.84
Services for emotional or psychiatric problems	4.14	3.73	3.71
Treatment for dual diagnosis	3.88	3.45	3.51
Family counseling	3.03	3.18	3.11
Medical services	4.54	4.09	4.04
Women's health care	3.08	3.76	3.17
Help with medication	4.41	3.73	3.87
Drop-in center or day program	3.38	3.05	3.15
AIDS/HIV testing/counseling	3.84	3.64	3.63
TB testing and Treatment	4.03	3.73	3.90
Legal assistance to help restore a driver's license	3.28	3.32	2.87
Hepatitis C testing	4.19	3.73	3.70
Dental care	3.33	2.30	2.91
Eye care	4.17	2.77	3.38
Glasses	4.14	2.82	3.35
VA disability/pension	3.54	3.45	3.14
Welfare payments	2.55	3.05	2.80
SSI/SSD process	2.73	3.14	2.95
Guardianship (financial)	2.82	2.76	2.84
Help managing money	3.73	2.82	3.13
Job training	3.15	3.14	2.96
Help with finding a job or getting employment	3.29	3.23	3.02
Help getting needed documents or identification	3.88	3.50	3.50
Help with transportation	3.82	2.83	3.31
Education	3.19	3.23	3.19
Child care	2.57	2.71	2.64
Family reconciliation assistance	2.55	2.62	2.73
Discharge upgrade	3.34	3.32	2.96
Spiritual	3.73	3.55	3.55
Re-entry services for incarcerated veterans	3.17	2.86	2.94
Elder health care	3.67	3.14	3.11
Credit counseling	3.06	2.86	2.85
Legal assistance for child support issues	2.84	2.86	2.70
Legal assistance for outstanding warrants/fines	2.83	2.91	2.75
Help developing social network	3.28	2.83	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.20	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.10	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	3.11	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.78	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.56	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.22	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.00	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.56	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.44	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.78	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.44	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.33	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.44	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.78	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	We received and issued 35 HUD-VASH vouchers -- 23 Veterans are now housed.
Dental care	We found out that our VA does not do contracts or agreements with local dentists. They have a list of local dentists who are willing to work with our patients at a reduced rate.
Treatment for substance abuse	We will continue to work with local agencies to develop a community detoxification and treatment center.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Long-term, permanent housing	Our HUD-VASH Coordinator held monthly meetings with VASH Veterans that were housed. She took donations of household goods and held drawings for these items at the monthly meetings. It improved Veteran turnout and helped them furnish their new homes.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Plan is to receive more vouchers to house our homeless Veterans and increase the number of landlords willing to accept the vouchers.
Detoxification from substances	Continue to work with local community to establish a detoxification center.
Treatment for substance abuse	We will hire a social worker to deal specifically with homeless Veterans with substance problems.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

CHALENG 2010 Survey Results Summary

VISN: 18

Site: VA West Texas HCS - 519

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 4

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	0
Permanent Housing Beds	70

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 66.
Number of provider (VA and non-VA) participants: 11.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.36	3.73	3.74
Food	3.43	4.09	3.86
Clothing	3.08	4.09	3.62
Emergency (immediate) shelter	3.22	3.27	3.55
Transitional living facility or halfway house	2.80	2.55	3.45
Long-term, permanent housing	2.35	2.27	2.90
Detoxification from substances	3.23	3.64	3.69
Treatment for substance abuse	3.25	4.00	3.84
Services for emotional or psychiatric problems	3.56	3.91	3.71
Treatment for dual diagnosis	3.33	3.64	3.51
Family counseling	2.88	3.82	3.11
Medical services	3.87	3.91	4.04
Women's health care	2.94	3.64	3.17
Help with medication	3.81	3.55	3.87
Drop-in center or day program	2.88	2.36	3.15
AIDS/HIV testing/counseling	3.17	3.36	3.63
TB testing and Treatment	3.49	3.73	3.90
Legal assistance to help restore a driver's license	2.80	2.73	2.87
Hepatitis C testing	3.57	3.55	3.70
Dental care	2.34	2.45	2.91
Eye care	3.03	3.27	3.38
Glasses	3.00	3.27	3.35
VA disability/pension	2.60	3.09	3.14
Welfare payments	2.23	3.00	2.80
SSI/SSD process	2.67	2.91	2.95
Guardianship (financial)	2.46	2.82	2.84
Help managing money	2.77	2.73	3.13
Job training	2.56	2.73	2.96
Help with finding a job or getting employment	2.78	3.00	3.02
Help getting needed documents or identification	3.21	3.00	3.50
Help with transportation	2.66	2.73	3.31
Education	3.24	2.55	3.19
Child care	2.67	2.73	2.64
Family reconciliation assistance	2.54	2.91	2.73
Discharge upgrade	2.95	3.00	2.96
Spiritual	3.47	3.82	3.55
Re-entry services for incarcerated veterans	2.80	3.00	2.94
Elder health care	2.86	3.45	3.11
Credit counseling	2.59	2.91	2.85
Legal assistance for child support issues	2.62	2.82	2.70
Legal assistance for outstanding warrants/fines	2.69	2.82	2.75
Help developing social network	2.69	3.18	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.33	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.50	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.67	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.00	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.00	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.33	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.33	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.00	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.00	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.00	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.33	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.67	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.00	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.67	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Transitional living facility or halfway house	We continue to work with local community providers to help Veterans obtain immediate shelter. We continue to identify and contract providers of shelter and transitional housing.
Detoxification from substances	We continue to detoxify Veterans in our urgent care clinic. We are also completing the construction of a new 40-bed domiciliary to help house Veterans with substance abuse issues.
Help with finding a job or getting employment	We collaborate with the local Texas Workforce Commissions and VA Compensated Work Therapy to provide Veterans opportunities for employment. We also work with local Veteran Service Organizations and Disabled American Veterans.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Long-term, permanent housing	We have initiated the HUD/VASH program and have hired staff to administer the program. We anticipate needing additional vouchers for FY 2011.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	Pursue and obtain contract housing for immediate shelter and transitional housing.
Transitional living facility or halfway house	Identify community partners for VA Grant and Per Diem. Facilitate a GPD workshop and invite community partners.
Long-term, permanent housing	Utilize HUDVASH vouchers not in use and expand services with new vouchers to areas not being served.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

CHALENG 2010 Survey Results Summary

VISN: 18

Site: VAMC Phoenix, AZ - 644

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A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 40

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 11

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	40
Transitional Housing Beds	124
Permanent Housing Beds	370

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants:
425. Number of provider (VA and non-VA) participants: 38.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.71	3.71	3.74
Food	3.53	3.74	3.86
Clothing	3.28	3.71	3.62
Emergency (immediate) shelter	3.75	3.47	3.55
Transitional living facility or halfway house	3.54	3.45	3.45
Long-term, permanent housing	2.92	3.42	2.90
Detoxification from substances	3.81	3.64	3.69
Treatment for substance abuse	3.79	3.79	3.84
Services for emotional or psychiatric problems	3.64	3.91	3.71
Treatment for dual diagnosis	3.58	3.82	3.51
Family counseling	3.48	3.47	3.11
Medical services	3.84	3.94	4.04
Women's health care	3.46	3.68	3.17
Help with medication	3.81	3.76	3.87
Drop-in center or day program	3.51	3.35	3.15
AIDS/HIV testing/counseling	3.83	3.56	3.63
TB testing and Treatment	4.08	3.68	3.90
Legal assistance to help restore a driver's license	3.09	3.16	2.87
Hepatitis C testing	3.79	3.62	3.70
Dental care	2.43	3.15	2.91
Eye care	2.69	3.36	3.38
Glasses	2.68	3.28	3.35
VA disability/pension	2.94	3.62	3.14
Welfare payments	2.97	3.35	2.80
SSI/SSD process	2.92	3.35	2.95
Guardianship (financial)	3.20	3.32	2.84
Help managing money	3.38	3.25	3.13
Job training	2.98	3.44	2.96
Help with finding a job or getting employment	2.92	3.50	3.02
Help getting needed documents or identification	3.50	3.58	3.50
Help with transportation	3.26	3.27	3.31
Education	3.39	3.21	3.19
Child care	3.48	2.73	2.64
Family reconciliation assistance	3.37	2.91	2.73
Discharge upgrade	3.28	3.06	2.96
Spiritual	3.74	3.32	3.55
Re-entry services for incarcerated veterans	3.40	3.48	2.94
Elder health care	3.49	3.44	3.11
Credit counseling	3.23	2.83	2.85
Legal assistance for child support issues	3.28	2.84	2.70
Legal assistance for outstanding warrants/fines	2.91	3.03	2.75
Help developing social network	3.24	3.18	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.00	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.00	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.73	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.41	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.24	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.62	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	2.00	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	2.05	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	2.53	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.74	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.79	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	2.11	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	2.22	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.50	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Transitional living facility or halfway house	Transitional housing increased by 20 beds and 20 more are pending.
Re-entry services for incarcerated Veterans	We established a Veteran Justice Outreach (VJO) program and are currently working to create a Veterans court.
Long-term, permanent housing	HUD-VASH has been implemented in Mesa with one case manager and 35 voucher placements. We continue to identify low- income housing in the community.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Long-term, permanent housing	Project H3: Home, Health, and Hope (Arizona Coalition to End Homelessness) identified one of our Veterans as being the most vulnerable and needed immediate housing placement. Due to history of sexual offense, HUD-VASH was not able to place him. Working with community providers and H3 project. housing was provided for this Veteran.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Re-entry services for incarcerated Veterans</p>	<p>Work with the legal systems through VA Health Care for Re-Entry Veterans program and Veteran Justice Outreach Initiative in establishing Veteran Court with appropriate linkages to local mental health, and drug and family court systems. Identify and establish appropriate transitional housing for sexual offenders and hard to place ex-offenders and provide assistance with benefits and employment services.</p>
<p>Legal assistance for outstanding warrants/fines</p>	<p>Enhance the Veteran Justice Outreach program in working with Veterans with outstanding warrants and fines through the court system -- emphasizing the prevention process while seeking housing, employment and, or benefits.</p>
<p>Help with finding a job or getting employment</p>	<p>Expand VA Compensated Work Therapy (CWT) program in providing Transitional Work Experience program and expanding Supported Employment services to assist Veterans in establishing employment. CWT collaborates with Department of Labor grant-funded community programs to operate Veteran employment services within the community.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**